

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Office of the Adjutant General ATTN: CAJS-HR-AGR 9800 Goethe Road - PO Box 269101 Sacramento CA 95826	3. FROM (Include ZIP Code)
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="radio"/> Service School (Enl only)	<input type="radio"/> Special Forces Training/Assignment	<input type="radio"/> Identification Card
<input type="radio"/> ROTC or Reserve Component Duty	<input type="radio"/> On-the-Job Training (Enl only)	<input type="radio"/> Identification Tags
<input type="radio"/> Volunteering For Oversea Service	<input type="radio"/> Retesting in Army Personnel Tests	<input type="radio"/> Separate Rations
<input type="radio"/> Ranger Training	<input type="radio"/> Reassignment Married Army Couples	<input type="radio"/> Leave - Excess/Advance/Outside CONUS
<input type="radio"/> Reassignment Extreme Family Problems	<input type="radio"/> Reclassification	<input type="radio"/> Change of Name/SSN/DOB
<input type="radio"/> Exchange Reassignment (Enl only)	<input type="radio"/> Officer Candidate School	<input checked="" type="radio"/> Other (Specify) Request for Orders:
<input type="radio"/> Airborne Training	<input type="radio"/> Asgmt of Pers with Exceptional Family Members	DPOS CHANGE

9. SIGNATURE OF SOLDIER (When required)

10. DATE

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

(CURRENT)

Unit of Assignment: PRN/UIC: PARA/LINE:  
Unit Address:

(New Unit Position)

Unit of Assignment: PRN/UIC: PARA/LINE:  
Unit Address:

FTM Position Title: FTM Position PARA/LINE: TF:  
DMOS: Position Title: EFFECTIVE Date:

Dependents: SP Name: DOM: NAME & DOB of Ch:  
HOME OF RECORD: Mileage between Duty Station & HOR:

Chapter Two: Current HIV: Pregnancy Test:

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE
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